

TRAINING AND EXPERIENCE MEDICAL AUTHORIZED USER OR RADIATION SAFETY OFFICER

1. Name of proposed authorized user or radiation safety officer				
2. Certification—Please attach a copy of certificate				
SPECIALTY BOARD		CATEGORY		MONTH AND YEAR CERTIFIED
3. Training received in basic radioisotope handling techniques				
FIELD OF TRAINING A	LOCATION AND DATES OF TRAINING B	Type and Length of Training		
		LECTURE/ LABORATORY COURSES (HOURS) C	SUPERVISED LABORATORY EXPERIENCE (HOURS) D	
a. Radiation physics and instrumentation				
b. Radiation protection				
c. Mathematics pertaining to use and measurement of radioactivity				
d. Radiation biology				
e. Radiopharmaceutical chemistry				
4. Experience with radiation (actual use of radioisotopes or equivalent experience) (Use back if more space is needed.)				
Isotope	Maximum amount per procedure	Duration of experience From To		Type of use <input type="checkbox"/> Diagnostic <input type="checkbox"/> Therapeutic
Institution				Phone number ()
Address (number, street)		City	State	ZIP code
Duties and responsibilities if Radiation Safety Officer (RSO)				
Isotope	Maximum amount per procedure	Duration of experience From To		Type of use <input type="checkbox"/> Diagnostic <input type="checkbox"/> Therapeutic
Institution				Phone number ()
Address (number, street)		City	State	ZIP code
Duties and responsibilities if Radiation Safety Officer (RSO)				
Isotope	Maximum amount per procedure	Duration of experience From To		Type of use <input type="checkbox"/> Diagnostic <input type="checkbox"/> Therapeutic
Institution				Phone number ()
Address (number, street)		City	State	ZIP code
Duties and responsibilities if Radiation Safety Officer (RSO)				

I hereby certify that all information contained in this statement is true and correct.

Signature of proposed user

Date

This part must be completed by the applicant's physician's preceptor. If more than one preceptor, obtain a separate statement from each. (**NOTE:** Physicians who have obtained their Diagnostic Radiology, Nuclear Medicine, or Oncology board certification within the last five years need not submit the preceptor statement.)

1. Clinical training and experience

KEY TO COLUMN C—Personal participation consists of:

- Supervised examination of patients to determine the suitability for radionuclide diagnosis and/or treatment and recommendation for prescribed dosage.
- Dose calibration and actual administration of dose to the patient including calculation of the radiation dose and related measurements.
- Supervised interpretation of results of diagnostic studies.
- Adequate period of training to enable physician to manage radioactive patients and follow patients through diagnosis and therapy.

ISOTOPE A	CONDITIONS DIAGNOSED OR TREATED B	NUMBER OF CASES INVOLVING PERSONAL PARTICIPATION C	COMMENTS (Additional information or comments may be submitted in duplicate on separate sheets D
	Thyroid scan		
	Thyroid uptake		
	Lung perfusion scan		
	Xenon ventilation study		
	Aerosol ventilation scan		
	Renal flow scan		
	Brain scan		
	Liver/spleen scan		
	Bone scan		
	Gastroesophageal study		
	LeVeen shunt study		
	Cystogram		
	Dacryocystogram		
	Cardiac perfusion scan		
	Cardiac stress ventriculogram		
	Cardiac rest ventriculogram		
	Gallium scan		
P-32 (soluble)	Treatment of polycythemia vera, leukemia and bone metastases		
P-32 (colloidal)	Intracavitary treatment		
I-131	Treatment of thyroid carcinoma		
	Treatment of hyperthyroidism		
Au-196	Intracavitary treatment		
Co-60 or Ca-137	Interstitial treatment		
	Intracavitary treatment		
I-125 or Ir-192	Interstitial treatment		
Co-60 or Ca-137	Teletherapy treatment		
Sr-90	Treatment of eye disease		
	Radiopharmaceutical preparation		
Mo-99/Tc-99m	Generator		
Sn-113/In-113m	Generator		
Tc-99m	Reagent kits		
Ir-192	HDR		
	LDR		
Co-60	Gamma knife		

ISOTOPE A	CONDITIONS DIAGNOSED OR TREATED B	NUMBER OF CASES INVOLVING PERSONAL PARTICIPATION C	COMMENTS (Additional information or comments may be submitted in duplicate on separate sheets D
Other			

2. Dates and total number of hours received in clinical radioisotope training

LOCATION	DATES		CLOCK HOURS OF TRAINING
	FROM	TO	

The training and experience indicated above was obtained under the supervision of:

Name of preceptor	Name of institution		
Mailing address (number, street)	City	State	Zip Code
Materials license number(s)			
Preceptor's signature	Print preceptor's name		Date